

**MEMORANDUM**

TO: Division of Shellfish Sanitation Staff

THROUGH: Eric H. Bartsch, P.E., Director  
Office of Water Programs

FROM: Cloyde W. Wiley, Director  
Division of Shellfish Sanitation

SUBJECT: Application for Shellfish-Crustacea Plant Process Schematic

DATE: December 22, 1988

To assist new staff members, new shellfish-crustacea dealers (applicants), and administrative review of dealer process schematics, it is believed that an application for the preparation of a process schematic should be initiated. The application will document initial date of application, type of facility, location, and any necessary revisions.

The applicant will complete the form and sanitarians may add other needed information as desired. Any revision to the initial application will start a new time frame for sanitarians as a reference point for plant process schematics.

Upon completion, the form shall become part of the certification package.

Institute the attached form for all new dealers requesting certification, and for dealers requesting major alterations or additions to an existing certified plant.

CWW:JAH:bjm

Attachment

MEMORANDUM

TO: Division of Shellfish Sanitation  
Accomac \_\_\_\_\_ P. O. Box 88, Accomac, VA 23301  
Norfolk \_\_\_\_\_ 401A Colley Avenue, Room 212,  
Norfolk, VA 23507  
White Stone \_\_\_\_\_ P. O. Box 241, White Stone, VA 22578

FROM: (ESTABLISHMENT) \_\_\_\_\_

SUBJECT: Application For Shellfish-Crustacea Plant Process Schematic

DATE: \_\_\_\_\_

This form is submitted as part of the procedure to obtain a Certificate of Inspection. Further, I understand this will initiate the preparation of a plant process schematic.

BUSINESS NAME: \_\_\_\_\_ VA- \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE (DAY) \_\_\_\_\_ (EVENING) \_\_\_\_\_

NEW CONSTRUCTION \_\_\_\_\_ MODIFICATION TO AN EXISTING STRUCTURE \_\_\_\_\_

TYPE OF ESTABLISHMENT (CRAB) \_\_\_\_\_ (OYSTER) \_\_\_\_\_ (CLAM) \_\_\_\_\_

(COMBINATION) \_\_\_\_\_ .

NUMBER OF SHUCKERS \_\_\_\_\_ NUMBER OF PICKERS \_\_\_\_\_

TYPE OF SHELLFISH ESTB.: SHUCKER PACKER \_\_\_\_\_ REPACKER \_\_\_\_\_ SHELLSTOCK ONLY \_\_\_\_\_

LOCATION OF PROPOSED ESTABLISHMENT: (Give specific directions using road names, state route numbers, known landmarks etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL INFORMATION REQUIRED: Provide a copy of a schematic drawing with lot dimensions on which the proposed establishment is to be constructed. Indicate the location of the proposed establishment and any existing buildings, wells, septic systems, distance between well and septic system as well as adjoining lot if well is close to the property line, slope of lot, distance to shoreline, roads etc. (Refer to example).

The information I have provided above is correct to the best of my knowledge. After meeting with Division personnel at the proposed plant site and/or any other meetings which may be necessary, I understand that DSS personnel will provide me with a plant process schematic (not an architecturally correct plan) and plant construction and equipment purchase information. Specific sizing of equipment will be worked out with supplier or manufacturer. I also understand that any significant changes in the information contained in this application will require a revision of this application form and possible delays in preparation of the plant process schematic.

SIGNED: \_\_\_\_\_

Sanitarian: \_\_\_\_\_

Initiation Date: \_\_\_\_\_

First Revision Date: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Sanitarian's Signature \_\_\_\_\_

Second Revision Date: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

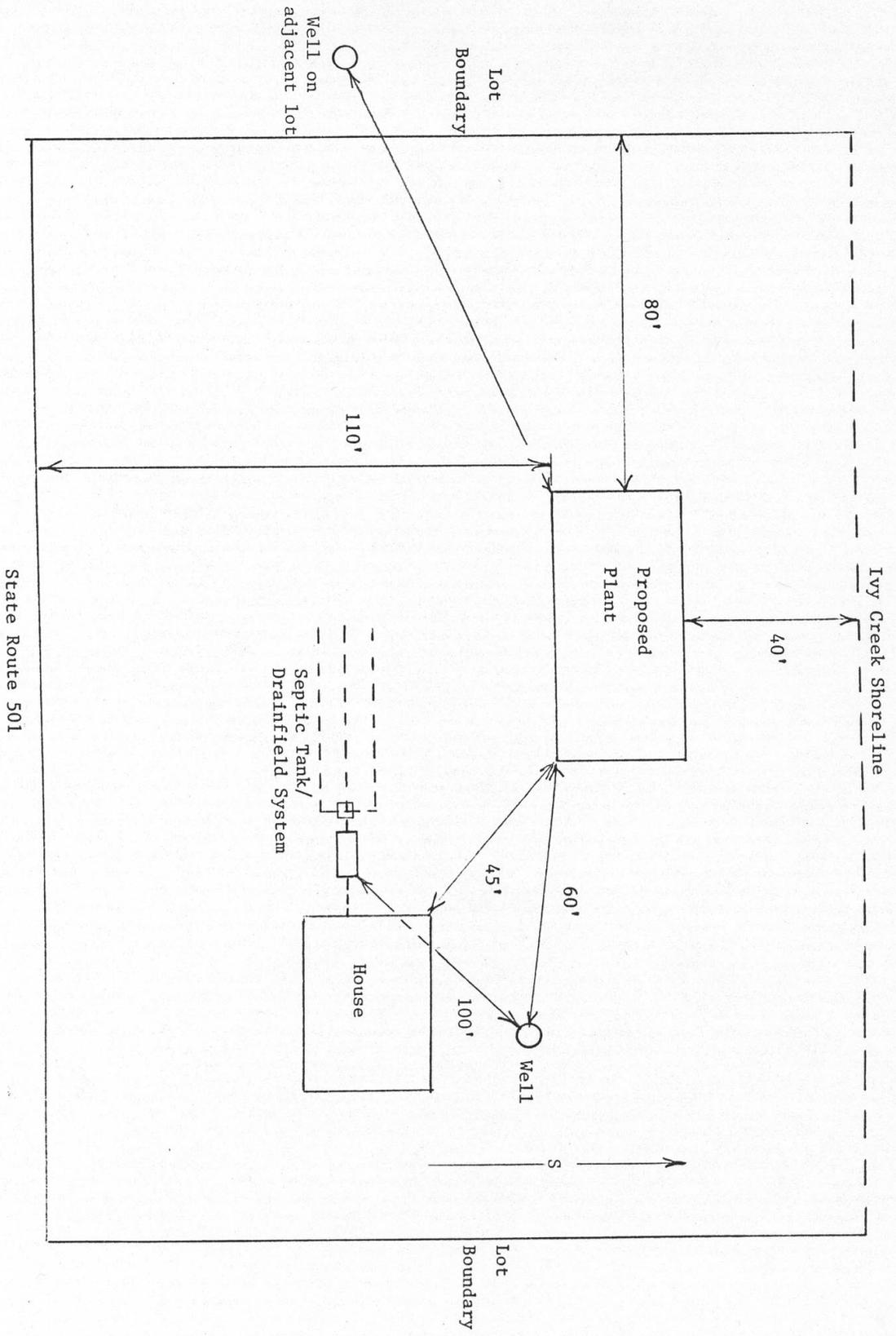
Sanitarian's Signature \_\_\_\_\_

Third Revision Date: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Sanitarian's Signature \_\_\_\_\_

\_\_\_\_\_  
Area Supervisor (Date)



EXAMPLE OF SCHEMATIC DRAWING